

RELEASE OF MEDICAL BILLING INFORMATION

I, _____, hereby give permission for Medical Treatment Providers to release to the SEBASTIAN COUNTY PROSECUTING ATTORNEY'S OFFICE, ATTN: CATHY MCKENZIE, 901 SOUTH "B" STREET, ROOM 209, FORT SMITH, ARKANSAS 72901, FAX NUMBER 479-784-1551, information regarding any and all medical bills/statements resulting from a CRIMINAL OFFENSE which occurred on or about _____. This release is valid for receiving bills/statements relating to the above-described incident only. A copy of these bills/statements should be forwarded to the above-listed address or fax number.

Printed Name of Patient/Victim

Signature of Patient/Victim

Date

STATE OF ARKANSAS _____)

COUNTY OF SEBASTIAN _____)

Subscribed and sworn to before me this _____ day of _____.

Notary Public

My Commission Expires June 26, 2022